## TEMPORARY EMPLOYMENT SERVICES AUTHORIZATION

1.	NAME OF REQUESTING DEPARTMENT:	· · · · · · · · · · · · · · · · · · ·
2.	TEMPORARY JOB CLASSIFICATIONS RE	QUIRED:
		,
3.	JUSTIFICATION FOR REQUEST:	·
	·	
4.	TIME PERIOD FOR WHICH TEMPORARY	HELP IS REQUIRED:
5.	MAXIMUM ESTIMATED AMOUNT:	
6.	BUDGET CODE:	
		DEPARTMENT HEAD SIGNATURE
•		,
	•	DEPT. CONTACT PERSON PHONE NO.
		•
	APPROVED: DISAPPROVED:	
	•	OPERATIONS ADMINISTRATOR, PERSONNEL MGMT. & GENERAL SVCS. DIV., CHIEF ADMINISTRATIVE OFFICE
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